



Youth Confirmation of Receipt
Prison Rape Elimination Act (PREA)

This is to acknowledge that I received information as well as viewed a video or PowerPoint presentation on the Prison Rape Elimination Act of 2003 regarding the following:

- ❖ How to avoid risky situations related to sexual assault;
- ❖ How to safely report rape or sexual activity;
- ❖ How to obtain counseling services and/or medical assistance if victimized; and
- ❖ What the risks and potential consequences are for engaging in any type of sexual activity while in the facility

I further acknowledge that if I have any questions or need assistance I will seek guidance.

Youth Signature

Date

Youth JETS/Client ID No.

Location

C: Youth's Case Record